

**CONTRIBUTORY RETIREMENT  
HEALTH AND DENTAL RATES EFFECTIVE 7/01/2021**

<b>Available to all Retirees</b>		<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
<i>ANTHEM HMO 250 SOS</i>	Monthly	\$ 866.97	\$ 1,742.63	\$ 2,332.12

*ANTHEM LUMENOS HDHP..Regional NE States* Monthly \$ 694.29 \$ 1,395.62 \$ 1,867.74  
(High Deductible Health Plan) allows you  
to Open an H S A Account

<b>Available to AFSCME Retirees Only</b>		<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
<i>ANTHEM HMO 100 SOS</i>	Monthly	\$ 882.20	\$ 1,773.20	\$ 2,373.07
<i>ANTHEM POS 100 SOS</i>	Monthly	\$ 1,274.00	\$ 2,560.73	\$ 3,427.04

**Only for retirees living Permanently  
outside of New England**

		<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
<i>ANTHEM LUMENOS HDHP..National</i>	Monthly	\$ 694.29	\$ 1,395.62	\$ 1,867.74

(High Deductible Health Plan) allows you  
to Open an H S A Account

*ANTHEM HMO (and PPO out of State Plan)* Monthly \$ 909.48 \$ 1,828.05 \$ 2,446.46  
(Access Blue New England)

**Available to ALL Retirees over age 65**

United American Insurance Company Medicare  
Supplemental (Plan F) Monthly \$ 451.32  
(Subject to change effective 1/1/2021)

<b>Delta Dental</b>		<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
		\$ 40.50	\$ 78.58	\$ 150.95

**Contributory Retirement Subsidies**

	<b>&lt; 10 years</b>	<b>&gt; 10 years</b>	<b>&gt; 15 years</b>	<b>&gt;20 years</b>
Retired <b>Before</b> 3/1/06	\$ 45.02	\$ 90.05	\$ 135.07	\$ 180.09
Retired <b>After</b> 3/1/06	\$ 90.05	\$ 180.09	\$ 270.14	\$ 360.19